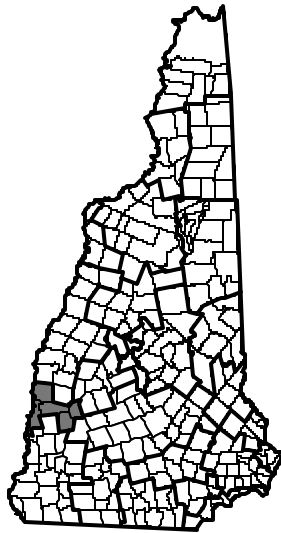


Claremont Healthcare Service Area Regional Health Profile



This narrative is part of a larger effort, the *New Hampshire Regional Health Profiles*, and grew out of a mandate established by the Legislature in its passage of SB 183 in 1999. That bill amended RSA 126A to include a requirement for the Department of Health and Human Services to continually assess the health status of the State's residents and to make its findings available in a report issued every two years.

This narrative was jointly developed by the Dartmouth Hitchcock Alliance and the Department and is the first to be issued under this legislation. The *Regional Profiles* provide a means for residents, community leaders, planners and providers to gain a better understanding of the health status of the State's residents and communities.

The *Regional Profiles* provide information that can be used to establish local *Healthy New Hampshire 2010* targets and to meet the needs assessment expectations of the State's Community Benefits legislation.

Overview of the HSA

The Claremont Healthcare Service Area (HSA) consists of five towns. The total population of this HSA was estimated at 21,854 in 1998 and it covers 171 square miles, with about 128 people per square mile. Compared with New Hampshire as a whole, the Claremont HSA has fewer people between the ages of 18 and 44 and more people above the age of 45.

Town Name	1998 Pop Est	% of HSA Pop	% of HSA Self Pay Admissions	Ratio of Self-Pay Admissions to Pop Pct	1996 Per Capita Income	Pop Density (persons per sq. mi.)	Miles to Nearest Hospital*
Charlestown	4,732	22%	12%	0.6	\$17,257	132	11
Claremont City	13,856	63%	81%	1.3	\$13,749	321	-
Goshen	782	4%	2%	0.6	\$18,011	35	20
Lempster	1,036	5%	3%	0.7	\$15,709	32	15
Unity	1,448	7%	0%	0.1	\$14,927	39	8

HSA Total **21,854**

New Hampshire 1,185,000

\$14,832 **128**

\$18,697 132

* = Nearest Hospital may be in a different HSA

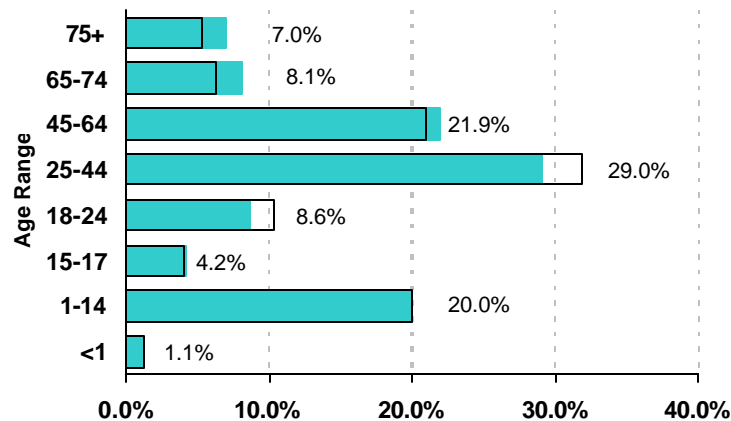
- 1998 Population Estimate = New Hampshire Office of State Planning.
- Percent of HSA Self Pay Admissions = Each community's share of individual overnight hospital admissions for the full HSA that are recorded as "Self Pay" on the Uniform Hospital Discharge Data Set for 1998.
- Ratio of Self-Pay Admissions to Population Percentage = Percent of HSA self-pay admissions divided by the percent of HSA population. A higher ratio reflects a greater proportion of individuals within a community who must cover the costs of hospitalization from their personal resources, i.e., they do not have health insurance coverage for the hospitalization.
- 1996 Per Capita Income = Office of State Planning, from the Department of Revenue Administration.
- Population Density = Total square miles from the Office of State Planning, divided by the 1998 Population Estimate.
- Miles to Nearest Hospital = mileage from a community to the nearest hospital that may not be the hospital(s) in the HSA, as given in the *1999 New Hampshire Community Profiles*, published by the State Occupational Information Coordinating Committee (SOICC) of New Hampshire.

Demographic Profile

Percentage of Population by Age

Shaded and Labeled bars = HSA population profile

Outlined bar = State population profile



Graphics are based on data provided in the Primary Care Data Set, 1993-1997, which stated “State, city, and town population counts for New Hampshire have been obtained by applying the proportions from the 1995 New Hampshire Population Projections for Counties by Age and Sex to the 1995 Population Estimates of New Hampshire Cities and Towns; both of which were prepared by the New Hampshire Office of State Planning (OSP). The population figures for 1995 were chosen for use in calculating rates since this year represents the midpoint of the five years of study, 1993 through 1997... Since the town-specific age and sex population estimates are based on town-wide estimates applied to county level projections, it is assumed that there is an unknown amount of error in the individual components of the estimates. However, when combining towns together to construct HSAs, much of the variability in the town-specific estimates is assumed to be canceled.” ***Primary Care Access Data, 1993-1997***

Limited data on population and households from the national 2000 census is provided in the Census 2000 section of the ***Regional Profiles***. That data will be updated at the ***Regional Profiles*** website as it becomes available and should be used when reviewing the “Additional Indicators” section below.

Health Profiles

The points offered below are provided as an overview of the health of the HSA in the three **Regional Profile** focus areas: *Current Health*, *Uses of Health Care* and *Risks to Future Health*. These are provided as a representative sample of findings presented in the data tables and should not be construed as the most important findings. Readers are urged to review the data tables to better understand the conditions and circumstances of this HSA.

In some instances, the differences between the HSA and the State are described as significant. This refers to a difference being “statistically significant.”

- When the source of the data is the 1999 NH Health Insurance Coverage and Access Survey (NH HICAS), the difference is significant at the 95% confidence level, i.e., when the range between the upper and lower confidence intervals for the HSA is higher or lower than the range for the State confidence interval (the confidence ranges do not overlap).
- When the source of data is the Primary Care Access Data set (PCAD), a difference is also significant at the 95% confidence level, based on a “z test score,” a test for statistical significance, i.e., when this test statistic is “significant,” there is 95% confidence that the rates being compared are different for reasons other than “random chance.”
- Because a finding is statistically significant, i.e., not due to chance alone, the difference may not be of sufficient magnitude to be practical or meaningful to understanding the health issue or for developing strategies.
- A finding that a difference is not statistically significant may not mean that there is no value to paying attention to the difference, i.e., not being statistically significant does not mean that it is not important or necessary to consider the underlying health issues for indicators that are different between the HSA and the State, particularly on indicators that seem to show a trend or relationship, such as between indicators associated with births.

All rates in this narrative have been age-adjusted. The calculation of age-adjusted rates makes it possible to compare the rates between an HSA and the State. The proportion of the population in each age range varies from HSA to HSA and between an HSA and the State. Thus, it would be misleading to compare HSA rates to the State rate unless the rates were adjusted for this variation in the distribution of age ranges.

Please refer the *Technical Notes* section for an explanation of the age-adjustment calculation and the calculations for statistical significance and confidence intervals.

Unless noted in the text, the data date and source are given in [] at the end of each point. Key to abbreviations:

- NHES = New Hampshire Employment Security.
- NH HICAS = *New Hampshire Health Insurance Coverage and Access Survey, 1999*; Office of Planning and Research, Department of Health and Human Services.
- PCAD = *Assessing New Hampshire's Communities: Primary Care Access Data, 1993-1997*; Health Statistics and Data Management Bureau, Office of Community and Public Health.
- UHDDS = Uniform Hospital Discharge Data Set, maintained by the Health Statistics and Data Management Bureau, Office of Community and Public Health.
- US Census = Taken from 1990 Census of Population and Housing Summary Tape File 3A (STF3A), 1990 US Census data, US Department of Commerce.

Observations on Current Health

- 92.8% of individuals under 65 in this HSA characterized their health as “good,” “very good,” or “excellent” according to findings from the 1999 NH Health Insurance Coverage and Access Survey. This was lower than the State rate of 94.8%.
- More residents of the HSA under age 65, compared to the State, characterized themselves as having a chronic condition lasting at least a year (7.3% vs 5.9%). [1999; NH HICAS]
- According to the 1990 US Census, the Claremont HSA had 4.5% of its residents out of the workforce due to a disability, compared to the statewide average of 2.9%.
- The rate of “premature deaths” in the HSA was comparable to the overall State rate: 2.9 deaths per 1000 population between the ages of 18 to 64, compared to 2.6 per 1000 population. [1993-1997; PCAD]
- The Claremont HSA had significantly more low birth weight births, 68 per 1000 live births, compared to the statewide rate of 52 per 1000 live births. [1993-1997; PCAD]

Observations on Use of Health Care

- According to the 1999 NH Health Insurance Coverage and Access Survey, 22.1% of the HSA population under 65 reported a lack of confidence (not “extremely” or “very” confident) in access to care. This was slightly higher than the statewide level of 19%.
- 8.5% of those under 65 in the HSA had no usual source of medical care, a rate higher but not significantly different from the State average of 6.9%. [1999; NH HICAS]
- 17.2% of the population under age 65 in the HSA did not have a physician visit in the year prior to the 1999 NH Health Insurance Coverage and Access Survey. Though higher than the State average of 11.7%, this difference was not statistically significant.
- The percentage of residents under age 65 in this HSA who did not see a dentist in the year prior to the 1999 NH Health Insurance Coverage and Access Survey was significantly higher than the State average: 33.4% vs. 21.9%.

Ambulatory Care Sensitive Conditions = medical conditions that may not require inpatient hospitalization (a stay of at least one night) if timely and appropriate primary care is received.

- Hospital admissions for acute ambulatory care sensitive conditions, such as pneumonia and other infections, were significantly higher in this HSA compared to the State rate (8.6 per 1000 population, vs 7.4 per 1000 population). [1993-1998; UHDDS]
- Hospital admissions for chronic ambulatory care sensitive conditions, such as diabetes and asthma, in this HSA were comparable to the State rate (5.0 per 1000 population, vs. 4.6 per 1000 population). [1993-1998; UHDDS]

- Hospitalization rates (per 1000 population) for ambulatory care sensitive conditions were significantly higher for adults and elders in the HSA compared to the State. [1993-1997; PCAD]

	HSA	State	Ratio (HSA/State)
Pediatric	3.9	4.3	0.9
Adult*	8.1	6.1	1.3
Elder*	70.0	57.4	1.2

(Pediatric = up to age 18; Adult = 18-64; Elder = 65+)

* = Significantly higher

- Rates of hospitalization per 1000 population due to injuries were similar for the HSA and State. [1993-1997; PCAD]

	HSA	State	Ratio (HSA/State)
Pediatric	4.2	3.1	1.4
Adult	7.6	6.2	1.2
Elder	27.8	26.2	1.1

(Pediatric = up to age 18; Adult = 18-64; Elder = 65+)

- At 40%, Medicare was the dominant source of payment for inpatient (i.e., a stay of at least one night) hospital services for residents from this HSA, followed by commercial insurance (27%), Medicaid (12%), HMO and other (8% each) and self-pay (5%). [1998; UHDDS]

Observations on Risks to Future Health

- At 3.2%, unemployment in 1999 was only slightly higher in this HSA compared to the State percent of 2.7%. [NHES]
- 15% of children (under age 19) in this HSA received Medicaid and/or Food Stamps, compared to the State average of 9.1%; 3.7% of the adults in this HSA received Medicaid and/or Food Stamps, compared to the State average of 2.1%. Both of these rates were significantly higher than the State rates. [1993-1997; PCAD]
- 28.6% of families in this HSA had incomes at or below 200% of the federal poverty level, compared to 21.4% for the State. [1999; NH HICAS]
- 82.2% of adults in the HSA completed High School. This percent was lower though not significantly less than the State average of 92.2%. [1999; NH HICAS]
- Selected birth characteristics:
 - ✓ The birth rate per 1000 women of child bearing age in this HSA was only slightly higher than the State rate: 287.5 vs 279.1. [1993-1997; PCAD]
 - ✓ The rate of new mothers who claimed to smoke during pregnancy was 277 per 1000 live births in this HSA. This rate was significantly higher than the State rate of 176 per 1000 live births. [1993-1997; PCAD]
 - ✓ The rate for late or no prenatal care was 25 per 1000 live births in this HSA. This rate was significantly higher than the State rate of 17 per 1000 live births. [1993-1997; PCAD]

- ✓ Births to teen mothers occurred at a rate of 33.6 per 1000 live births in this HSA. This rate was significantly higher than the State rate of 14.4 per 1000. [1993-1997; PCAD]
- ✓ The rate of births to unmarried women in this HSA was 347 per 1000 live births. This rate was significantly higher than the State rate of 223 per 1000. [1993-1997; PCAD]
- ✓ The rate of births to mothers who had not completed High School was 217 per 1000 live births in this HSA. This rate was almost double and significantly higher than the State rate of 109 per 1000 live births. [1993-1997; PCAD]
- ✓ The rate of births covered by Medicaid was 400 per 1000 live births in this HSA. This was significantly higher than the State rate of 207 per 1000 live births. [1993-1997; PCAD]
- 25.1% of the population under 65 in this HSA had no health insurance for some portion of the 12 months prior to the 1999 NH Health Insurance Coverage and Access Survey. This rate was significantly higher than the State average of 11.4%.
- The percent of the population under age 65 in this HSA who had no health insurance at the time of the 1999 NH Health Insurance Coverage and Access Survey was 21.6%. This was significantly higher than the State average of 9.3%.
- The percent of population under age 65 in this HSA who had no dental coverage at the time of the 1999 NH Health Insurance Coverage and Access Survey was 39.6%. This was significantly higher than the State average of 25.7%.

Additional Observations

By reviewing census data, it is possible to learn more about the people living in a community. Unfortunately, the most recent census available is from the 1990 US Census. It will be helpful to compare data from the 2000 census (which is underway) to that from 1990 to see how this HSA has changed in terms of:

- Households with children headed by single parents - In 1990, 24% of the households in this HSA were headed by a single parent (female headed: 17.4%; male headed: 6.7%), compared with the State level of 17% (female headed: 13.1%; male headed: 3.9%). [1990; US Census]
- Income distribution – In 1990, 27.2% of the families in this HSA had incomes below \$20,000 and 17.5% of families in this HSA had incomes greater than \$50,000. The State average was 15.2% below \$20,000 and 37.0% above \$50,000. [1990; US Census]
- People isolated by virtue of:
 - ✓ Living alone – In this HSA, 25.4% of the population lived in a single person household compared to the State average of 21.9%. [1990; US Census]
 - ✓ Not speaking English – In this HSA, 1% of the households were linguistically isolated compared to the State average of 1.5%. [1990; US Census]

- ✓ Not owning a vehicle - In this HSA, 25.4% of the population did not have personal transportation compared to a State average of 16.1%. [1990; US Census]
- The stability of the population as reflected in:
 - ✓ Not relocated over the last 5 years – In this HSA, 49.5% of the households have lived in the same location at least 5 years compared to the State average of 47.8%. [1990; US Census]
 - ✓ Owned rather than rented – In this HSA, 68.5% of the population lived in owner-occupied housing compared to the State average of 73.6%. [1990; US Census]